

CITY OF RANGER

CUSTOMER REQUESTED – TERMINATION OF SERVICES

I request termination of utility services:

Name _____

Address _____

Effective date of termination _____

_____ I request that services be terminated for a short period of time as I plan to resume service.

_____ I request my deposit be applied to my final bill, and mail the final bill or any deposit refund to the following address:

I understand that utility services will be charged up to the date of the termination of the account and that I will be responsible for payment of any charges not covered by the deposit.

Signature _____ Date _____

Account # _____

This section for office use

Final Meter Reading _____

Date Meter Turned Off: _____

Date entered into system _____ By _____